

School District of Manatee County Research Proposal Request

Directions

Please complete all sections of this form and return the completed form to the Assessment and Research Department. If surveying/interviewing students or employees, all questions and consent forms need to be submitted with this form prior to approval. Notification of approval/denial of the research request will be sent within 60 days.

If you have any questions, please contact the Assessment & Research Department at (941) 751-6550 ext. 43330.

Topic/detailed explanation of proposed research:

TOPIN	ractanea explanation of proposed research.		
<u>Loca</u>	tion of proposed research (schools/sites):		
<u>Subje</u>	ects of proposed research (research population):		
	research involve observation of or interaction with students?	Yes	No
Rese	arch purpose:		
[]	Master's thesis		
[]	Doctoral dissertation		
[]	Other graduate studies		
[]	Other (please specify)		
<u>Instit</u>	ution/university tied to research		
<u>ls Ins</u>	titutional Review Board (IRB) approval required? Yes	No	
	If Yes is selected, please attach the IRB application/approval.		

Researcher Contact Information:			
Primary Contact:			
Mailing Address:			
Phone	Email		
Current School District of Manate	e County employee?	Yes	No
Work location:			
Supervisor/Principal Name	2		
Phone	Ema	il	
Secondary Contact/Advisor			
Phone	Email		
Is this research part of a grant-fun	ded project?	Yes	No
Grant name			
Principal investigator(s)			
Email(s)			
Grant provider			
<u>Timeframe:</u>			
Proposed research start date:			
Expected duration of research:			
Expected date when research resu	ults can be provided to	district:	
Types of data needed:			
Sources of data (surveys, interview	vs, test results, etc.):		